

**Provider Inspection Summary**  
For the period 04/01/2003 to 03/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Facility Information**

**Facility Name:** RICHLAND CENTER GROUP HOME (0009988)  
**Address:** 204 SOUTH STEWART ST, RICHLAND CENTER, WI 53581  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/01/2003  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 243-2370

**Survey History**

**Survey ID:** 0096655      **End Date:** 03/29/2006      **Type:** STANDARD      **Purpose:** VERIFICATION VISIT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0095337      **End Date:** 07/15/2005      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT  
**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008257    Served 08/06/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION		
83.18(1)(d)2	OTHER INFORMATION REQUIRED IN RECORD		

**Survey ID:** 0090668      **End Date:** 07/22/2003      **Type:** STANDARD      **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

**Provider Inspection Summary**  
For the period 04/01/2003 to 03/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

<b>Enforcement History</b>
----------------------------

<b>Date: 08/03/2005</b>	<b>SOD #10008257</b>	<b>Appealed: Yes</b>	<b>Decision: STIPULATION</b>
-------------------------	----------------------	----------------------	------------------------------

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---13.05(2), 13.05(3)(a), 83.19(3)(c)

FORFEITURE---83.33(2)(g)3

---

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

**Provider Inspection Summary**  
For the period 04/01/2003 to 03/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

Complaint History		
-------------------	--	--

**Date Complaint Received: 07/21/2005**

**Date Investigation Completed: 03/30/2006**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 07/13/2005**

**Date Investigation Completed: 07/15/2005**

Subject Area(s)  
ABUSE

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 07/07/2005**

**Date Investigation Completed: 08/03/2005**

Subject Area(s)  
MEDICATIONS  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #  
  
10008257

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*